	1. TRANSMITTAL NUMBER:	2. STATE:
RANSMITTAL AND NOTICE OF APPROVAL OF	9 3 08	Massachusetts
STATE PLAN MATERIAL		- WAR OF THE COOLS
TR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
	Title XIX	
REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	1 /1 /02	1
DEPARTMENT OF HEALTH AND HUMAN SERVICES	1/1/93	
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☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN 🛣 AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	· · · · · · · · · · · · · · · · · · ·
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Bruce M. Bullen	DPW-Medicaid	
TITLE:	600 Washington	St
Deputy Commissioner	Boston, MA 021	11
DATE SUBMITTED:		,
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76 (BPD)

Revision: HCFA-PM-93-1

January 1993

State/Territory: Massachusetts

Citation

4.28 Appeals Process

42 CFR 431.152; AT-79-18 52 FR 22444; Secs. 1902(a)(28)(D)(i) and 1919(e)(7) of the Act; P.L. 100-203 (Sec. 4211(c)

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.152 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN: 93-08

Approval Date: 06-06-01

Supersedes TN:

Effective Date: As effective by law or January 1, 1993

Revision: HCFA-PM-93-1

(BPD)

January 1993

State/Territory: Massachusetts

Citation Secs. 1902(a) (28) (D) (i) and 1919(e) (7) of the Act; P.L. 100-203 (Sec. 4211(c)); P.L. 101-508 (Sec. 4801(b)).

4.39 <u>Preadmission Screening and Annual</u> <u>Resident Review in Nursing Facilities</u>

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- X (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN: <u>93-08</u>

Effective Date: As effective by law or January 1, 1993

Approval Date: 86-16-01

Supersedes TN:

Revision: HCFA-PM-93-1

January 1993

(BPD)

State/Territory: Massachusetts

4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
 - (g) The State describes any categorical Determinations it applies in ATTACHMENT 4.39-A.

TN: 93-08

Approval Date: 06-06-01

Supersedes TN:

Effective Date: As effective by law or January 1, 1993

Revisions: HCFA-PM-93-1 (BPD)

January 1993

ATTACHMENT 4.39

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Massachusetts</u>

DEFINITION OF SPECIALIZED SERVICES

Specialized services for individuals with mental retardation and related conditions are programs that include aggressive, consistent implementation of a program of specialized and generic training, treatment and related services that when combined with the services provided by the nursing facility result in a continuous active treatment program that meets the definition of 42 CFR \S 483.440(a)1.

TN: 93-08

Effective Date: As effective by law or January 1, 1993

Approval Date: 66-61

Supersedes TN: Revisions: HCFA-PM-93-1 (BPD) January 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Massachusetts

CATEGORICAL DETERMINATIONS

TN: 93-08

Effective Date: As effective by law or January 1, 1993
Approval Date: 06 06-01

Supersedes

TN: